

△ GENERAL INFORMATION

This operation is the wide local excision of only the cancerous breast lump (a *lumpectomy*) instead of all of the breast (*modified radical mastectomy*). The lymph nodes in the *axilla* (armpit) may be removed at the same time, usually through a separate cosmetic incision (Fig. 1).

When done under the right circumstances, this operation, including the x-ray treatments that follow, has the same cure rate as when the entire breast is removed, yet it is more pleasing cosmetically than removal of the breast.

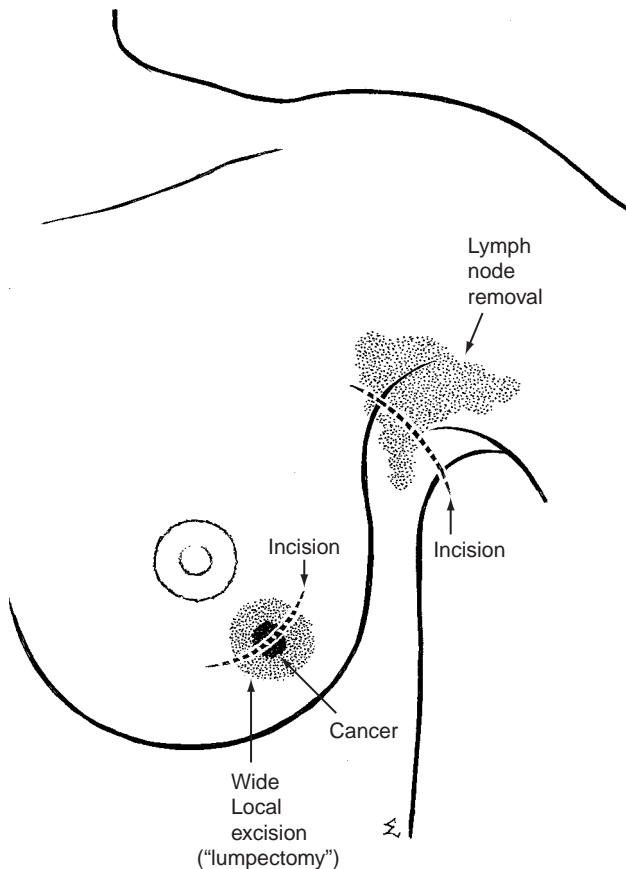


Figure 1. In this operation the cancer is excised widely enough that the borders of the removed tissue are free of cancer. The lymph nodes in the axilla (armpit) usually are removed through a separate incision. If the cancer is close to the axilla, the cancer and the lymph nodes can be removed through a single incision.

COMMON SIGNS AND SYMPTOMS

- There are few symptoms with early lesions. There may be a mild ache over the tumor.
- A breast lump may be felt by the person by chance while taking a shower, dressing, or doing a breast self-examination. Or it may be discovered by the doctor during a routine examination.
- There may be very little or nothing to feel, but the mammogram shows a suspicious abnormality.

DIAGNOSIS

A diagnosis can be made by several methods:

- The skin over the lump is made numb with an anesthetic, and a fine needle is used to obtain a tiny piece of it (a *fine-needle aspiration biopsy*) for examination in the laboratory.
- The skin is made numb, an incision is made over the lump, and a piece of it is removed (an *open biopsy*) for examination in the laboratory.
- The entire operation can be done in one step while you are asleep under anesthesia. The biopsy is performed, and while you are kept asleep a quick examination is made of the tissue in the laboratory. If the diagnosis is cancer, the remainder of the operation is completed.

PREOPERATIVE PREPARATION

- You will have an examination of your blood, urine, heart (EKG), and lungs (chest x-ray).
- If you have any bone symptoms or if the breast lump is sizable, a bone scan may be done to be certain there is no tumor in the bones.
- Do not eat or drink anything during the 8 hours before your operation.
- You may take a shower on the morning of the operation.
- You may be given medicine that will make you feel drowsy before you are brought to the operating room.

□ OPERATION

- You will be asleep for the operation.
- There will be one incision over the breast and a second one along a crease in the axilla. Sometimes the lump in the breast and the lymph nodes in the axilla are removed through one incision.
- The incisions will be made in a cosmetic fashion so that they will be the least visible.
- The removed breast tissue and lymph nodes will be sent to the laboratory to be examined by a pathologist.
- The entire operation usually takes about 2 hours.
- You will not receive any blood transfusion.

POSTOPERATIVE CARE

- You will wake up in a recovery room. When your blood pressure, pulse, and breathing are stable you will be taken to a regular hospital room.
- There is only moderate pain, and it will be controlled with medicine.
- There may be a small plastic tube from your axilla draining any fluid into a small plastic bag. You will be shown how to take care of this; it's not difficult.
- Do not start any arm exercises until you are shown how to do them by the surgeon.
- The need for any hormones or chemotherapy will be determined after all the laboratory tests on the removed tissue are completed.

- As with any operation, complications are always possible. Although they are uncommon with your type of operation, they can include bleeding, infection, and possibly others.
- Your condition can be cured. An estimate of your chances can be made only after all the test results are back.
- Arrangements will be made for your medicine, follow-up office visit, and stitch removal.

✚ HOME CARE

- You may walk about as you wish, even climb stairs.
- Unless instructed otherwise, you may shower as you wish and with any dressings on or off.
 - There may be narrow strips of tape across the incision. It's all right if they get wet; they will be removed in the doctor's office.
 - After you dry yourself, replace any dressings with clean, dry ones.
- Even though many of the lymph nodes were removed, enough of them remain in other parts of the axilla and above the collar bone to drain the arm. Just the same, those that are left behind should not be abused if they are to do their job properly. They can be hurt by the following:
 - Infection: You should avoid injury to that arm, such as dirty scratches, splinters, and even needle sticks to draw blood.
 - X-ray to the axilla: You will not receive any x-ray treatments to your axilla.
 - Repeated hard work with that arm for long periods of time (examples: using that arm to pull weeds for

2 to 3 hours, to vacuum your entire house, or to wash all the windows in one session).

- Occasionally there will be some swelling of the hand or forearm. There are treatments for this.
- Take medicine as prescribed for your pain.
- Wearing a loose bra at bedtime—mostly to keep your breasts from moving around too much as you shift during sleep—will make you more comfortable.
- Driving a car with an automatic shift may not seem too demanding. However, you may have to slam on brakes or twist to turn the steering wheel and may strain your sutures or tear something. During your follow-up visit let's discuss when you can resume driving.
- You may resume sexual activity whenever you choose.
- You may return to work when you feel up to it, but let's talk about it first during your follow-up office visit.

📞 CALL OUR OFFICE IF

- The incision on the breast or axilla becomes swollen or red, or there is drainage from it.
- You develop a temperature higher than 100°F.
- You have any questions.

AFTER CARE

- Arrangements will be made for the routine x-ray treatments to your breast starting 4 to 6 weeks after the operation, after everything has healed satisfactorily.
- The x-ray treatments will be given to you daily on an outpatient basis (five times per week) for 5 to 6 weeks. The details will be explained to you.